

Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

MAR 1 4 2022

Statement of Committee Organization

1.	Statement Information Company of the		
	Type: New Amended (if amending, enter MEC ID C180)359	nanged 3 and 6
2			
2.	Committee Information (1997) The		
	P.O. Box 32493 Kansas City, MO 64171		(816)237-8102
	Committee Mailing Address, City, State, & Zip		Telephone Number Election Commissioners
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (I	,	ners, or Federal PAC/Out of State Committee loratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Ellen Schwartze		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	5740 Cherry St. Kansas City, MO 64110	(<u>816</u>)589-9971	()
	Treasurer's Mailing Address, City, State. & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optiona	1)
		()	, t
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Wark Telephone Number
4.	Additional Committee Information (1994) 1995 1995 1995 1995 1995 1995 1995 199		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address City State & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address,	, City, State, & Zip
5	CANDIDATES: Do you have more than one candidate committee Official Bank Account Information (required by all committees)		
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	. Hardenan		
6.	Candidate Supported or Opposed (candidate committees must		Se vi
	Eric Bunch 3601 Wyandotte St. KCMO 64111	(816 ₎ 237-8102	()
	Name & Mailing Address, City, State & Zip of Candidate 4/4/2023 Kansas City City COL	Telephone Number (Candidate Committee Nonpartisan	s anly) Support
	Election Date Office Sought & Political Subdivision (Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees r	nuct complete this section)	
	Ballot Measure Supported or Opposed (campaign committees i	ndst complete das section).	
	Name of Ballot Measure	Election Date & Political Subdivision	Support ar Oppose
8.	Signature(s) – Check certification(s) & sign (required by all committees)		
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I urther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
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	Committee Towarer	Candidate (Candidate Committees Only)	